

EXHIBITOR APPLICATION

WISHINGSPRINGGALLERY
 8862 W. McNelly Road
 Bentonville AR 72712
 479-273-1798

Mailing Address:
 312 Town Center West
 Bella Vista AR 72714



WISHINGSPRINGGALLERY

Please Print

Name			
Street Address			
City & State			Zip :
Phone	Home # :	Cell # :	
Email Address			
Website Address			

Are you a current exhibitor? yes no If yes, what is your exhibitor number? _____

Please provide a brief description of your work.

All work is my own. Initial Here: _____

Please indicate which committees you would like to serve on, or have served in the past.

Events		Jury		Hospitality	
Publicity		Display		Housekeeping	

Have you ever been an opener/closer? yes no

Would you be interested in opening/closing? yes no

Would you be interested in being Exhibitor of the Month? yes no

Are you willing to do demonstrations to increase Gallery traffic? yes no

Do you have a current bio on file in the Gallery? yes no

Where else do you exhibit? _____

----- For Office Use Only -----

Application		Jury Date _____		Accept		Reject	
VAC Dues Paid		6 mo. Agreement		Exhibitor Number		Location:	
Info to Sales Coord.		Phone List		Entry Date _____			
Info to Treasurer		Register Updated		Register Training		Notes:	